# EXHIBIT C

Doc 8567-3 Entered 06/27/11 14:32:18 Page 2 of 11 Case 06-10725-gwz FORM B10 (Official Form 10) (10/05) United Staffs Bankruptcy Court DISTRICT OF PROOF OF CLAIM Name of Debtor Case Number EE IVED AND FILED USA COMHERCIAL NOTE. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503 AUG 14 P 2 26 Name of Creditor (The person or other entity to whom the Check box if you are aware that anyone debtor owes money or property) else has filed a proof of claim relating to your claim Attach copy of statement US JOAN B. GASSIOT ANKRUPTCY COURT giving particulars DATED RICIA GRAY CLERK Check box if you have never received any Name and address where notices should be sent notices from the bankruptcy court in this JOAN B. GASSIOT case 4050 BITTER CREEK CT Check box if the address differs from the RENO, NV 89509-0609 address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY Telephone number 775-826-8280 the court. Last four digits of account or other number by which creditor Check here replaces identifies debtor / if this claim amends a previously filed claim dated 5487 CHENT **Basis** for Claim Retiree benefits as defined in 11 U S C § 1114(a) Wages salaries and compensation (fill out below) Goods sold Last four digits of your SS #  $\Box$ Services performed Money loaned Unpaid compensation for services performed Personal injury/wrongful death from П Taxes (date) (date)  $\Box$ Other Date debt was incurred If court judgment, date obtained 6/20/05 10 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Secured Claim Unsecured Nonpriority Claum \$\_ Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or a right of setoff) only part of your claim is entitled to priority Brief Description of Collateral Other-Unsecured Priority Claim Over Value of Collateral Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$\_ Amount entitled to priority \$\_ Specify the priority of the claim ☐ Up to \$2 225\* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C ☐ Domestic support obligations under 11 USC § 507(a)(1)(A) or § 507(a)(7) (a)(1)(B) ☐ Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) Wages, salaries, or commissions (up to \$10,000),\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4) Other - Specify applicable paragraph of 11 USC § 507(a)(\_ \*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment Contributions to an employee benefit plan - 11 U S C § 507(a)(5) 52000t Total Amount of Claim at Time Case Filed /52/000 ± (unsecured) (secured) (priority) (Total) ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. Credits The amount of all payments on this claim has been credited and deducted for the purpose of THIS SPACE IS FOR COURT USE ONLY making this proof of claim Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security

agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary

8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped, selfaddressed envelope and copy of this proof of claim

ωs.

Date

Sign and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

IN JOSA)

USA CMC

Case 06-10725-0wz5_IDoc 8567	7-3>2 <del>√</del> 1	ntered: 10.6/27/11.15./b4:	32 <del>5</del> 1& Pa	അെറ്റേറ് 11
Oasc 50-10720-15t - Grain		OOF OF CLAIM		AIM IS SCHEDULED AS:
Name of Debtor:	Case Nu	ımber:	Schedule/Claim II	D s31784
		725-LBR	Amount/Classifica	ation
,			\$25,903.59 Unse	cured
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exarising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		cted above constitute your claim as
Name of Creditor and Address:	001075	statement giving particulars.	you agree with the other claim agains this proof of claim if the amounts sh Unilquidated or Diffied.  If you have aim Bankruptcy Court	Debtor or pursuant to a filed claim. If amounts set forth herein, and have no to the Debtor, you do not need to file EXCEPT as stated below.  Sown above are listed as Contingent, elisputed, a proof of claim must be eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number (775 - 33/ - 3750	J-145-		I HIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor:	Check here replace or if this claim amen	a previously	filed claim dated:
1. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries, and compensation (	fill out below)	Other claims against services (not for loan balances)
Services performed Taxes	-	digits of your SS #:		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid c	ompensation for services pe	rformed from:	to
2. DATE DEBT WAS INCURRED: 4-14-05	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that See reverse side for important explanations.	best describ	e your claim and state the amour	nt of the claim at the	e time case filed.
UNSECURED NONPRIORITY CLAIM \$750,000.00		SECURED CLAIM		
Check this box if: a) there is no collateral or lien securing your claim, or b) you exceeds the value of the property securing it, or if c) none or only part of you entitled to priority.	our claim ur claim is	a right of setoff).  Brief description of		red by collateral (including
UNSECURED PRIORITY CLAIM				[ <sup>1</sup> ] a
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Real Estate		Other
Amount entitled to priority \$		Value of Collateral:	MIT VI	NWN
Specify the priority of the claim:		secured claim, if any:	750,000	at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225" of deposits towar	d numbers lesse	or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days		services for personal, family, or	household use -11	U.S.C. § 507(a)(7).
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to gov		* ',,,,
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	Ц	Other - Specify applicable parage * Amounts are subject to adjust	• •	• • • • • • • • • • • • • • • • • • • •
		with respect to cases commend		
5. TOTAL AMOUNT OF CLAIM \$ 750,000 \$	750	,000 \$		\$ 750,000
(unsecured)	•	ecured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the				
<ol> <li>CREDITS: The amount of all payments on this claim has been cred.</li> <li>SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, running accounts, contracts, court judgments, mortgages, security at a country of the contracts.</li> </ol>	<i>iments,</i> suc agreement	ch as promissory notes, purc s, and evidence of perfection	hase orders, inve of lien. DO NO	oices, itemized statements of
DOCUMENTS. If the documents are not available, explain. If the d  8. DATE-STAMPED COPY: To receive an acknowledgment of the		•	•	envelope and copy of this
proof of claim.	t has made	s band dall Payra s	IOT	THE OPERATION
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships, or	, prevailin	g Pacific time, on November	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units). By MAIL TO: BY Corp.	BY HAND C	R OVERNIGHT DELIVERY TO:		
	BMC Grou Attn: USA	p CM Claims Docketing Center		
P. O. Box 911	1330 East	Franklin Avenue o, CA 90245		
DATE   SIGN and print the name and title, if any, of the				
11/7/06 He this claim (attach copy of power of attorned)		ide. Trust	ee	
Panally for assenting fraudulent claim is a fine of un to \$500,000 or imprisonment	for un to 5 v	AARS. OF BOTH. 18 U.S.C. \$5 152	AND 3571	

1 **		
United States Bankruptcy Court	District Of Nevada	PROOF OF CLAIM
Name of Dubtor  USA COMMERCIAL MORTGAGE CO	Case Number 06 10725-LBR	111001 01 01.41
NOTE This form should not be used to make a claim for an administrative of the case. A request for payment of an administrative expense may be to		
Name of Creditor (The person or other entity to whom the debtor owes money or property)  PHYLLIS JOHNSON A SINGLE WOMEN!	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any	
Name and address where notices should be sent	notices from the bankruptcy court in this case  Check box if the address differs from the	
BOX 27 RENO, NV 89504 Telephone number RON JOHNSON 225 359 9415	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces of this claim amends a previously filed	d claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in I Wages salaries and compensat Last four digits of your SS # Unpaid compensation for servi fromto (date)	ces performed
2 Date debt was incurred 2005	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes that bes See reverse side for important explanations  Unsecured Nonpriority Claim \$	Check this box if your claim is a right of setoff)  Brief Description of Collateral Real Estate Motor V  Value of Collateral Motor V  Value of Collateral S  Amount of arrearage and other charg secured claim if any S  Up to \$2 225* of deposits toward pure or services for personal family or hour \$507(a)(7)  Taxes or penalties owed to government	secured by collateral (including lehicle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed  Check this box if claim includes interest or other charges in addition interest or additional charges	\$\(\int_{\text{U}}\)\(\frac{\fir}\f{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\	rionty) (Total) i itemized statement of all
<ul> <li>6 Credits The amount of all payments on this claim has been credit making this proof of claim</li> <li>7 Supporting Documents Attach copies of supporting documents is orders invoices itemized statements of running accounts contracts, coagreements and evidence of perfection of lien DO NOT SEND OR documents are not available explain. If the documents are voluminous.</li> <li>8 Date-Stamped Copy To receive an acknowledgment of the filing of addressed envelope and copy of this proof of claim.</li> </ul>	such as promissory notes, purchase ourt judgments, mortgages security RIGINAL DOCUMENTS If the is, attach a summary f your claim, enclose a stamped self-	FHIS SPACE IS FOR COURT USE ONLY
Date  Sign and print the name and title if any, of the crefile this glains fattach copy of power of attorney is  1/8/07  Penalty for presenting fraudulent claim. Fine of up to \$500,000 or impri	, uny	USA CMC

UNITED STAILS BANKRUPTCY COURT	Dıst	RICT (	Nevada	PROOF OF CLAIM
Name of Dubtor	Case N	lumber		THOO! OF CLAIM
USA COMMERCIAL MORTGAGE	0	6 10	0725-1BR	
NOTE This form should not be used to make a claim for an admini	strative expe	nse ans	ing after the commencement	
of the case. A request for payment of an administrative expense in	ay be filed p	นเรยสกเ	to II USC § 503	
Name of Creditor (The person or other entity to whom the	Chec	k box ıf	you are aware that anyone	
debtor owes money or property)	clse	nas filed	a proof of claim relating to	l l
PHYLLIS JOHNSON A SINGLE	1 -	claim / g partici	Attach copy of statement	ŀ
WOMAY	I — —		you have never received an	v
Name and address where notices should be sent	notic		the bankruptcy court in this	
C/O RON JOHNSON	Chec	k hav if	the address differs from the	į
BOX 27 RENO, NV 89504	addro	-	e envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Telephone number RON JOHNSON 225 359 9415			1 .	THIS SIME IS FOR CHORT ON CHIT
Last four digits of account or other number by which creditor identifies debtor		k here s claim	replaces	iled claim dated
	11 (11)			
1 Basis for Claum		_	etiree benefits as defined in	• ''
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Money loaned			npaid compensation for se	
Personal injury/wrongful death		fr	om	_to
Taxes SEE EX A			(date)	(date)
2 De de la companya della companya d	3.	If con	et la demant data abtain	
2. Date debt was incurred 2005	3.	II COQ	rt judgment, date obtain	e0
4 Classification of Claim Check the appropriate box or boxes the	hat hest desc	nhe Voi	ir claim and state the amou	nt of the claum at the time case file
See reverse side for important explanations	inat ocst ocst		red Claim	in or the claim at the time case the
Unsecured Nonpriority Claim 5 101, 400				
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c)	ur claum, or	a righ	Check this box if your claim t of setoff)	n is secured by collateral (including
only part of your claim is entitled to priority	none or		Brief Description of Collate	ara)
Unsecured Priority Claim				r Vehicle Other.
l —			Value of Collateral \$	L
Check this box if you have an unsecured claim all or part of entitled to priority	which is			arges at time case filed included in
Amount entitled to priority \$			ed claim if any \$	
–	(		2005	
Specify the priority of the claim		OF SCEVIC	ces for personal family or	ourchase lease, or rental of property household use - 11 U.S.C.
Domestic support obligations under 11 USC \$ 507(a)(1)(A) (a)(1)(B)		§ 507(a		
Wages salaries, or commissions (up to \$10,000),* earned with	<u> </u>	Taxes or	r penalties owed to governin	nental units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier - 1! U.S.C. § 507(a)(4)	tor's 📙			oh of 11 USC § 507(a)()
\ <b>_</b>		ounts ai	re subject to adjustment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C § 507(	a)(5)	wun res	peti io cases commenced oi	n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	S.		100 101.400	101,400
Check this box if claim includes interest or other charges in ad	dition to the	unsecui nonem	(00000)	(priority) (Total) such itemized statement of all
interest or additional charges.		- Princip	and the second of the second o	outerpart of all
6 Credits The amount of all payments on this claim has been	n credited a	nd dedu	cted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim				
7 Supporting Documents Attach copies of supporting documents of supporting documents of supports accounts control of supports accounts accounts accounts accounts.	nents, such a	s promi	ssory notes, purchase	TO LAN 1 2 2007
orders invoices itemized statements of running accounts conti agreements and evidence of perfection of lien DO NOT SE	racis, court j VD ORIGIN	uugmen IAI.IY	CUMENTS If the	EN JAIN I & COO.
documents are not available, explain If the documents are volu				
8. Date-Stamped Copy To receive an acknowledgment of the f	-		•	
addressed envelope and copy of this proof of claim				
Date Sign and print the name and title if any, of file this class (attach copy of power of attach.)	the creditor	or othe	r person authorized to	
1/8/07 Multiple Copy of power of account (account copy of power of account (account copy of power of account copy of account copy of power of account copy of acco	nncy if any	,		USA CMC
110101 Mulhar WVV	v -			## # #

	Harron Toy (10/05)				<del></del>
UNITED STATES	BANKRUPICY COURT	Dis	TRICT OF <u>Nevada</u>		PROOF OF CLAIM
Name of Debtor		Case	Number	a 250	THOO! OF OLDAN
USA C	OMMERCIAL MORTGAGE C	0	06-10725-18	43	
	should not be used to make a claim for an admini	strative exp	ense arising after the commenc		
of the case. A req	quest for payment of an administrative expense ma	ay be filed	pursuant to 11 USC § 503		
Name of Creditor (	The person or other entity to whom the	Che	ck box if you are aware that an	yone	
debtor owes money	or property)	else	has filed a proof of claim relat	ing to	
Paris	A & MARY IN JOYNSON		r claim Attach copy of stateming particulars	ent	
		m ~	ck box if you have never receiv	ed any	
I .	where notices should be sent	1	ces from the bankruptcy court	in this	<u> </u>
50 SNID	ed why	Che	: ck box if the address differs fro	m the	•
SPARKS,	NV 89431 6308	addı	ress on the envelope sent to you		THIS SPACE IS FOR COURT USE ONLY
	275 323 5593 account or other number by which creditor		court ck here replaces		THE STATE OF THE S
identifies debtor	account of other number by which creditor			usly filed	claim dated
1 B 6 CI		4			
1 Basis for Cl			Retiree benefits as defi Wages salaries and co		
Goods :	soid is performed		Last four digits of you	r SS #	,
Money	loaned		Unpaid compensation	for service	ces performed
1 — —	al ınjury/wrongful death		from(date)	to	(date)
Taxes Other -	SEE EXHIBIT A		(date)		(date)
2 Date debt w		3	If court judgment, date of	btained	
	5/10/05		,,,,		
4 Classification	of Claim Check the appropriate box or boxes the	hat best des	cribe your claim and state the	amount o	of the claim at the time case filed
	for important explanations		Secured Claim		
-	priority Claim \$ 152,100		Check this box if your	r claim is	secured by collateral (including
Check this b	ox if a) there is no collateral or lien securing you deds the value of the property securing it or if c)	ir claim, or	a right of setoff)	V102111 10	bootion by contional (metading
only part of your o	claim is entitled to priority		Brief Description of (	Collateral	
Unsecured Priori	ty Claim		Real Estate	Motor V	ehicle Other
Check this bo	ox if you have an unsecured claim all or part of	which is	Value of Collateral	s_UA	KNOWN
entitled to priority	•				es at time case filed included in
Amount entitled to	priority \$		secured claim if any \$_s	2100	<u> </u>
Specify the priority of	f the claim	П	Up to \$2 225* of deposits tov	vard purc	hase lease or rental of property
	oort obligations under 11 USC \ 507(a)(1)(A) o	<u></u>	or services for personal famil	ly or hou:	sehold use - 11 USC
(a)(1)(B)	on congations under 11 0 0 C 4 307(a)(1)(A)	<sup>"</sup> п	§ 507(a)(7)		-1 11 H O O 0 507/ 3/03
Wages salaries	s or commissions (up to \$10 000),* earned within	ın 180 ∐			al units - 11 U S C § 507(a)(8)
days before filing of business whichever	of the bankruptcy petition or cessation of the debi r is earlier - 11 U S C \ 507(a)(4)		Other - Specify applicable pa		- ( , , , , , , , , , , , , , , , , , ,
	s to an employee benefit plan - 11 U S C \ 507(a		nounts are subject to adjustmen with respect to cases commen		07 and every 3 years thereafter after the date of adjustment
		<del></del>		A	
_	nt of Claim at Time Case Filed	_	(unsecured) (secured)	(pi	nonty) (Total)
Check this box interest or addi	of claim includes interest or other charges in ad- itional charges	dition to th	e principal amount of the clair		
	e amount of all payments on this claim has been	1 credited a	and deducted for the purpose of	f T	HIS SPACE IS FOR COURT USE ONLY
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	ocuments Attach copies of supporting documents of supporting accounts control		• •		
	itemized statements of running accounts contribution of perfection of lien DO NOT SEN			У	2007
	not available explain If the documents are volu			FI	LED JAN 11 2007
	Copy To receive an acknowledgment of the fi	iling of you	ir claim, enclose a stamped se	lf-	•
	ope and copy of this proof of claim				USA CMC
Date	Sign and print the name and title if any, of file this claim (attach copy of power of atto	the creditor	r or other person authorized to	'	1072502126
1/8/07	4		$\sim$ 1	0	10/2502120
10/0/	Moreynijohuse	2 /	lonald & fo	4	~

FORM BIO (Official Form 10) 6 7 10725-gwz Doc 8567-3 Entered 06/27/11 14:32:18 Page 7 of 11 UNITED STATES BANKRUPTCY COURT, DISTRICT OF NEVADA PROOF OF CLAIM Case Number Name of Debtor 06-10725 USA COMMERCIAL MORTGAGE COMPANY NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request for payment of an administrative expense may be filed pursuant to 11 U S C Section 503 Name of Creditor (The person or other entity to whom the ☐ Check box if you are aware that anyone debtor owes money or property) else has filed a proof of claim relating to your claim Attach copy of statement KEHL DEVELOPMENT CORPORATION giving particulars ☐ Check box if you have never received Name & address where notices should be sent any notices from the bankruptcy court JANET L CHUBB ESQ in this case JONES VARGAS P O BOX 281 ☐ Check box if the address differs from RENO NV 89504-0281 the address on the envelope sent to you THIS SPACE FOR COURT USE ONLY Telephone number 775-786-5000 by the court Last four digits of account or other number by which creditor Check here □ replaces if this claim □ amends a previously filed claim dated identifies debtor 500953 5 1 BASIS FOR CLAIM ☐ Retiree benefits as defined in 11 USC § 1114(a) □ Goods sold ☐ Wages, salaries and compensation (fill out below) ☐ Services performed Last four digits of your SS # ☐ Money loaned Unpaid compensation for services performed from ☐ Personal injury/wrongful death □ Taxes (date) Other <u>DEBTOR'S BREACHES</u> (see adversary complaint) (date) 2 Date debt was incurred 3 If court judgment, date obtained 2003-2005 4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Secured Claim Unsecured Nonpriority Claim \$ 1,561,365 75 + accrued interest less any ☐ Check this box if your claim is secured by collateral postpetition payments received (including a right of setoff) ☐ Check this box if a) there is no collateral or lien securing your claim or Brief description of collateral b) your claim exceeds the value of the property securing it, or if d) none or ☐ Real Estate ☐ Motor Vehicle ☐ Other only part of your claim is entitled to priority Value of Collateral \$ Amount of arrearage and other charges at time case filed **Unsecured Priority Claim** included in secured claim, if any ☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority \$ Up to \$2,225\* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C § 507(a)(7) Specify the priority of the claim □ Domestic support obligations un 11 U S C § 507(a)(1)(A) or) (a)(1)(B)☐ Taxes or penalties owed to governmental units 11 USC § ☐ Wages salaries or commissions (up to \$10,000),\* earned within 507(a)(8) 180 days before filing of the bankruptcy petition, or cessation of the debtor's business whichever is earlier- 11 U S C § 507(a)(4) ☐ OTHER - Specify applicable paragraph of 11 U S C § 507(a) (\_ ☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(4) \*Amounts are subject to adjustment on 4/1/98 and every3 vears thereafter with respect to cases commenced on or after the date of adjustment Total Amount of Claim at Time Case Filed \$ 1,561,365 75 +/-(Total) (unsecured) (secured) (priority) ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges THIS SPACE IS FOR COURT USE ONLY 6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SEE ABOVE 7 Supporting documents Attach copies of supporting documents such as promissory notes purchase orders, invoices itemized statements of running accounts contracts court judgments mortgages, security agreements and evidence of perfection of lien DO NOTSEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary FILED DEC 1 1 2006 8 Date-Stamped copy To receive an acknowledgment of the filing of your claim enclose a stamped selfaddressed envelope and a copy of this proof of claim Sign and print the name and title if any of the creditor or other person authorized to file this Date claim (attach copy of power of attorney, if any)

JANET L CHUBB, ESQ ATTORNEY FOR CLAIMANT

ORM 1310 (Official Form 10) (10/05) UNI 'ED STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA		PROOF OF CLAIM
Name of Debtor	Case Numb	oer	
USA COMMERCIAL MORTGAGE COMPANY	06-107	25	
NOTE Thus form should not be used to make a claum for an administrative case \ request for payment of an administrative expense may be filed	ve expense arisin pursuant to 11 U	g after the commencement of the S C Section 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property)	else has	ox if you are aware that anyone filed a proof of claim relating	
ROBERT J AND RUTH ANN KEHL		claim Attach copy of statement articulars	
Name & address where notices should be sent JANET L CHUBB, ESQ JONES VARGAS	☐ Check b	ox if you have never received ces from the bankruptcy court	
P O BOX 281 RENC, NV 89504-0281 Telephone number 775-786-5000		ox if the address differs from ess on the envelope sent to you court	This Space for Court Use Only
Last four digits of account or other number by which creditor identif es debtor 500953 5	Check here	□ replaces  □ amends a previously filed o	claim, dated
1 BASIS FOR CLAIM	□ R	etiree benefits as defined in 11 U	JSC § 1114(a)
Goods sold		ages, salaries, and compensation	(fill out below)
☐ Services performed ☐ Money loaned		ast four digits of your SS #inpaid compensation for services	s performed from
☐ 'ersonal injury/wrongful death			
Taxes     Other DEDITOR S PREACHES (are adversary complete.)	t)	om to	(date)
Other DEBTOR'S BREACHES (see adversary complant			(date)
2 Date debt was incurred 2003-2005	3 11 6	ourt judgment, date obtained	
4 Classification of Claim. Check the appropriate box or boxes	that best desc	ribe your claim and state the am	ount of the claim at the time case
filed See reverse side for important explanations	,		
Unsecured Nonpriority Claim \$ 12,841,580 13 + accrued inte	rest less any	Secured Claim	71 11 1
postpetition payments receive	:d	Check this box if your cla (including a right of se	·
Check this box if a) there is no collateral or lien securing yo		Brief description of colla	1
<ul> <li>b) your claim exceeds the value of the property securing it, or if only part of your claim is entitled to priority</li> </ul>	a) none or	□ Real Estate □ Moto	r Vehicle □ Other
		Value of Collateral \$	
Unsecured Priority Claim ☐ Check this box if you have an unsecured claim, all or part of entitled to priority	which is	Amount of arrearage and othe included in secured claim, if a	
Amount entitled to priority \$			
Specify he priority of the claim	u ut	o to \$2 225* of deposits toward operty or services for personal,	ourchase, lease or rental of armly or household use - 11
☐ Domestic support obligations un 11 U S C § 507(a)(1)(A) or (a)(1)(B	-	S C § 507(a)(7)	. L. Arrona
☐ Wages, salaries, or commissions (up to \$10,000),* earned wit 180 days before filing of the bankruptcy petition, or cessation of debtor's pusiness whichever is earlier- 11 U S C § 507(a)(4)	thin 50 the	tes or penalties owed to governin 7(a)(8) THER - Specify applicable parag	
☐ Contributions to an employee benefit plan - 11 U S C § 507(		unts are subject to adjustment on 4/ ath respect to cases commenced on	* *
	341,680 13 +/-		\$ (7.41)
U Check this box if claim includes interest or other charges in a interest or additional charges	insecured) iddition to the	( ' ' '	ority) (Total) Attach itemized statement of all
6 Credits The amount of all payments on this claim has been c	credited and de	ducted for the purpose of making	ng This Space is for Court Use Only
this proo of claim. SEE ABOVE 7 Supporting documents Attach copies of supporting documents	ents, such as pr	omissory notes nurchase orders	IFD DEC 0 9 2006
invoices itemized statements of running accounts, contracts, cou	irt judgments,	mortgages, security agreements,	
and evidence of perfection of hen DO NOTSEND ORIGINAL		S If the documents are not	USA CMC
available, explain If the documents are voluminous, attach a sur 8 Date-Stamped copy To receive an acknowledgment of the fi		aim, enclose a stamped, self-	1072501660
addressed envelope and a copy of this proof of claim.			101
Date Sign and print the name and title, if any, of the slaim (attach copy of power of attorney, if any)		er person authorized to file this	
12/9/06 JANET L CH	IUBB, ESQ A	TTORNEY FOR CLAIMAN	Т

Hauma Carre Danning Carre	T	~	. 11		
UNITED STATES BANKRUPTCY COURT DISTRICT OF Nevada					PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTAGE COMPANY Case Number 06-10725-LBR					2
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma					
lame of Creditor (The person or other entity to whom the labtor owes money or property) OTHMAR KLAY Else has filed a proof of claim relating to your claim Attach copy of statement giving particulars  Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court in this					
OTHMAR & CHRISTINE KLAY 5530 LAUSANNE DR. REND NV 895149, 8586 Telephone number 775. 849, 8586	Case Check address the co	k box if i ss on the ourt.	he address di envelope ser	ffers from the	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	}	k here claim	replaces amends	previously fil	ed claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other SEE EXHIBIT A		Wi La Ui	nges salaries st four digits npaid comper om	and compens of your SS # issation for ser	!! USC § 1!14(a) ation (fill out below)
2 Date debt was incurred 10 24 2005	_ 3.	If cour	t judgment,	date obtaine	d
4 Classification of Claim. Check the appropriate box or boxes it See reverse side for important explanations  Unsecured Nonpriority Claim \$.354.236.95  V Check this box if a) there is no collateral or lien securing you be your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of entitled to priority  Amount entitled to priority \$	which is  or  or  an 180  tor's  *Am  a)(5)	Amou secure Up to \$2 or service \$ 507(a) Taxes of other tounts are with res, (unsecure	Check this bot of setoff)  Brief Descrip Real Esta Value of Coll Int of arrearaged claim if ar  2,225* of depress for person  (7) I penalties ow Specify applies  specify applie	tion of Collate te Motor ateral \$ 4 e and other che by \$ 423 ossits toward per laid family or he cable paragrap dyustment on 4 commenced on	ral Vehicle Other NKNOWN  arges at time case filed included in 6 9.5  urchase, lease or rental of property iousehold use - 11 U S C  ental units - 11 U S C § 507(a)(8)  th of 11 U S C § 507(a)()  1/1/07 and every 3 years thereafter or after the date of adjustment  354236 95  (priority) (Total)
interest or additional charges  6 Credits The amount of all payments on this claim has bee making this proof of claim  7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts contagreements, and evidence of perfection of lien DO NOT SEI documents are not available, explain If the documents are voltaged addressed envelope and copy of this proof of claim  Date  Sign and print the name and title if any, of file this claim (attach copy of power of attach.)	n credited a nents, such a racts court j ND ORIGIN urminous, att filing of you	as promindgment NAL DC arch a suit claim,	ssory notes puts mortgage: CUMENTS mmary enclose a star	urpose of purchase s, security If the imped, self- orized to	THIS SPACE IS FOR COURT US ONLY FILED JAN 12 20
Bothe Kly	J	7	rust	ce	USA CMC

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UNITED STATES BANKRUPICY COURT	Dis	TRIC T	OF Nevada	1	PROOF OF CLAIM
Name of Dubtor	Name of Debtor Case Number				
USA Commercial Mortgage Co.	06	-10	725 7	ER	
NOTH This form should not be used to make a claim for an adminis of the case. A request for payment of an administrative expense ma					
Name of Creditor (The person or other entity to whom the debtor owes money or property) TERRY MARWELL				re that anyone aim relating to	
AND CHRISTIANC MARKWELL, Trasters	you		Attach copy of		
of the Markwell Fomily Trust Name and address where notices should be sent	Che	ck box ı	t you have ne	ver received any	
TERRY MARKWELL	notic		the bankrupt	cy court in this	
12765 S; LVER WOLF AC			f the address o he envelope s	liffers from the	
Telephone number 775 -853-6959	the	court	. الكوان المراجع المرا		THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1	ck here is claim	replaces amends	a previously fil	ed claim dated
1 Basis for Clatm					11 USC § 1114(a)
Goods sold Services performed				s and compens ts of your SS #	ation (fill out below)
Money loaned					vices performed
Personal injury/wrongful death Taxes Other SEE Exhibit		f	rom	(date)	to(date)
Cother Cother	13				
2 Date debt was incurred 6-/5-2004	3	If co	urt Judgmen	t, date obtaine	d 
4 Classification of Claim Check the appropriate box or boxes the	nat best des	scribe yo	our claim and	state the amoun	of the claim at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim § 355, 24736		1 —.	ired Claim		
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c)	is secured by collateral (including				
only part of your claim is entitled to priority	ral				
Unsecured Priority Claim			Value of Co	ate Motor	Vehicle Other
Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority  Amount entitled to priority  Secured claim if any \$52.47					arges at time case filed included in
Amount entitled to priority \$		secu	red claim if a	any \$ 329	7.26
Specify the priority of the claim					rchase lease or rental of property ousehold use - 11 U S C
Domestic support obligations under 11 U S C  507(a)(1)(A) (a)(1)(B)	or 🖂	§ 507	(a)(7)	_	ental units 11 U S C § 507(a)(8)
Wages salaries or commissions (up to \$10,000) * carned with	in 180				h of II USC § 507(a)()
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 USC § 507(a)(4)		mounts	are subject to	adjustment on 4	/1/07 and every 3 years thereafter
Contributions to an employee benefit plan 11 USC \ 507(	a)(5)	WILL TE	apeci to case.	Sourcea on	or after the date of adjustment
5 Total Amount of Claim at Time Case Filed		(unsex		(secured)	(priority) (Total)
Check this box if claim includes interest or other charges in ad interest or additional charges					ach itemized statement of all
6 Credits The amount of all payments on this claim has bee making this proof of claim	n credited	and ded	ucted for the	purpose of	THIS SLACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents	nenis such	as pron	nissory notes.	, purchase	
orders invoices iternized statements of running accounts conti agreements and evidence of perfection of lien DO NOT SEI	racts court	Judgme	ents mortgag		an F. St.
documents are not available explain. If the documents are volu	uminous, a	ttach a s	ummary	l	FILED JAN 1 0 2007
bate Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self-					No fee life of the
addressed envelope and copy of this proof of claim  Date  Sign and print the name and title if any of the creditor or other person authorized to					
file this claim (attach copy of power of atto	ornjey if an	y)	•		
11 V brutiane Markey	ell. I	ru	stoe.		USA CMC

UNITED STATES BANKRUPTCY COURT	DISTR	KT OF	Nevada		
SA COMMERCIAL MORTGAGE CO. Case Number O6-10725-LBR			PROOF OF CLAIM		
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administral ve expense may	trative expen	se arisin	after the commend		
Name of Creditor (The person or other entity to whom the debtor owes money or property)  MONIQUE MARKWELL,  Q SINGLE WOMEN	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.				
Name and address where notices should be sent MONIQUE MARKWELL 100 NORTH ARLINGTON AVE, #9H RENO, NV 89501 Telephone number 775-772-9367	notice case Check addre	s from to box if the ss on the	ou have never receive bankruptcy cour ne bankruptcy cour ne address differs fr envelope sent to yo	om the	THIS SPACE IS KNR COOK! USEOM ?
Last four digits of account or other number by which creditor identifies debior	1	here claim	replaces amends a previous	ously filed	claim dated
Rasis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other		Uı	ages salaries and out four digits of your paid compensation	compensater SS # _	ces performed
2 Date debt was incurred	3.	If cour	t judgment, date	obtained	
4 Classification of Claim Check the appropriate box or boxes if Sec reverse side for important explanations.  Unsecured Nonpriority Claim 5 / 2 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9	which is  or  hin 180 blors  *A/(ai(5)	Amou secur Up to \$ 507(a Taxes of Other mounts a with re-	Check this box if yet of setoff)  Brief Description of Real Estate  Value of Collateral ant of arrearage and ed claim if any \$2 225° of deposits ces for personal factors of the collateral factors of the collateral factors of the collateral factors and the collateral factors and the collateral factors are subject to adjust spect to cases commended.	our claim is of Collatera Motor Substitute toward put mily or ho governme paragraph ment on 4/ nenced on	s secured by collateral (including  Vehicle Other  A Source  Tees at time case filed included in
Check this hox if claim includes interest or other charges in a interest or additional charges	addition to th	(unsca ne princi	pal amount of the c	ed) ( claim Atta	(prionty) (Total) chilemized statement of all
making this proof of claim  7 Supporting Documents Attach copies of supporting documents involves itemized statements of running accounts configuration agreements and evidence of perfection of lien DO NOT SE documents are not available explain If the documents are voluments are voluments are not available explain. If the documents are voluments are voluments are voluments are voluments are voluments are voluments.	unients such atracts court END ORIGI pluminous a e filing of yo	as prom judgme NAL D ttach a s ur claim	nts mortgages second OCUMENTS If the nummary enclose a stamped	nase unty ne	THIN STACE IN FOR COURT UNE ONE
Sign and print the name and title if any of tile this claim (attach copy of poor of at Penalty for presenting tradules, claim. Fine of the 1600-000	tiorney if ar	iy)			FILED JAN 1 0 200